

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 62

## 1. PLACE OF DEATH:

County Frederick  
 City or town near Newcom  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 20 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Frederick  
 City or town \_\_\_\_\_  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Arthur Aldred Anthony

## 3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mildred Smith Anthony

7. Birth date of deceased (mo., day, yr.) May 20 1878 6. (c) If alive, give age 56 years

8. AGE: Years 69 Months 7 Days 23 Less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Delaware  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Samuel Anthony

13. Birthplace Del.

14. Maiden name Josephine Smith

15. Birthplace Del.

16. Informant Mrs. Mildred Anthony

Address Greensboro, Md.

17. Burial Date thereof 18-4-8  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pres. Scott Cemetery

Location Near 19th St.

18. Funeral director J. J. Gail Moore & Son

Address Benton, Md.

19. 1/15 1948 W. D. George  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cardiac Atherosclerosis Sudden

Due to \_\_\_\_\_

Due to Arteriosclerosis ?

Other conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

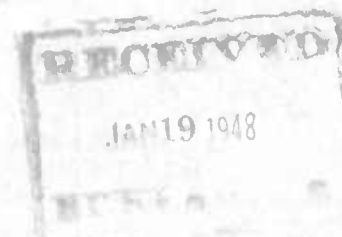
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Samson J. George

Address Benton Date signed 1/15/48



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 60

## 1. PLACE OF DEATH:

County Caroline  
 City or town Tempsville  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

## 3. (a) FULL NAME

Roland Randolph Boyd

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Rosa6. (c) If alive, give age 57 years

## 7. Birth date of deceased (mo., day, yr.)

June 3 - 1881

## 8. AGE:

Years 66 Months 7 Days 14 If less than one day  
 hrs. min.

## 9. Birthplace

Warrenton Virginia  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

E. L. Kiser Boyd

## 12. Name

Virginia

## 13. Birthplace

Rachel Jackson

## 14. Maiden name

Virginia

## 15. Birthplace

Mrs. Rosa Boyd

## 16. Informant

Tempsville Md.

## 17. Burial

1/21/48

## 18. Cemetery or crematory

Hopewell

## 19. Location

R. B. Rawlings

## 20. Funeral director

Greensboro, Md.

## 21. Address

Jan. 30 1948

## 22. Date rec'd by registrar

a Clerk Smith

## 23. Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Tempsville  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1948 at 3:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1947 to Jan 17 1948and that I last saw him alive on Jan 14 1948

Immediate cause of death

Coronary OcclusionDue to Coronary OcclusionDue to Coronary Occlusion

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide 22 Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

C. D. Ruppel

M. D. or other

Address Greensboro, Md. Date signed 1/19/48

RECEIVED

FEB 3 1948

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

930

00306

Reg. Dist. No. 43

## 1. PLACE OF DEATH:

County Caroline  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 12 years  
 Hospital, institution, or street address where death occurred:  
Near Tanager  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Tanager  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war World War I

## 3. (a) FULL NAME

William Coles

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Maria Coles  
 6. (c) If alive, give age 42 years  
 7. Birth date of deceased (mo., day, yr.) January 10, 1896  
 8. AGE: Years 51 Months 11 Days 29 If less than one day  
 hrs. min.

9. Birthplace Charles City, Virginia  
 (Town, county, and state)  
 10. Usual occupation Farm laborer  
 11. Industry or business Farm  
 12. Name James Coles  
 13. Birthplace Virginia  
 14. Maiden name Annie B. Robinson  
 15. Birthplace Virginia

16. Informant Mrs. Maria Coles  
 Address Preston, Maryland, R.F.D.  
 17. Burial Date thereof January 13, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Federalsburg Cemetery  
 Location Near Preston, Maryland  
 18. Funeral director J. J. Frampton and Son  
 Address Federalsburg, Maryland  
 19. Jan. 12 1948 C. W. Plummer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1948 at 10:30 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13, 1939 to January 9, 1948  
 and that I last saw him alive on January 1, 1948  
 Immediate cause of death Chronic Myocarditis DURATION 2 yrs  
with Heart Failure  
 Other conditions Chronic Rheumatoid Arthritic 10 yrs  
 (Include pregnancy within 3 months of death)  
 Major findings of operations None Date of op. None  
 Autopsy results None  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of None  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?  
 23. SIGNATURE Lucy B. Plummer M. D. or other  
 Address Preston, Maryland Date signed 1/12/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00307

## CERTIFICATE OF DEATH

Reg. Dist. No. 6.1

## 1. PLACE OF DEATH:

County... Caroline  
 City or town... Bridgetown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... Life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?... X

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Caroline  
 City or town... Bridgetown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... X

## 3. (a) FULL NAME

Thompson E. Gibson

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife... Edith Gibson  
 7. Birth date of deceased (mo., day, yr.) November 25, 1883 6.(c) If alive, give age... 59 years  
 8. AGE: Years 64 Months 1 Days 16 If less than one day  
 ... hrs. ... min.

9. Birthplace... Bridgetown, Caroline, Maryland.  
 (Town, county, and state)

10. Usual occupation... Blacksmith

11. Industry or business... X

12. Name... Jacob E. Gibson

13. Birthplace... Maryland

14. Maiden name... Agnes Cannon

15. Birthplace... Maryland

16. Informant... Mrs. Edith Gibson

Address... Bridgetown, Maryland.

17. Burial Date thereof... 1/13/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Greensboro

Location... Greensboro, Maryland.

18. Funeral director... Raymond B. Rawlings

Address... Greensboro, Maryland

19. Jan 13 48 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH... January 10 1948 330 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1943 to Jan 9 48  
 and that I last saw him alive on 1/9 1948

Immediate cause of death... Exhaustion DURATION

Due to... Pulmonary Tuberculosis 2 yr

Due to... \_\_\_\_\_

Other conditions... \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations... \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results... \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE... J. I. Silver N. D. or other

Address... Greensboro, Md.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JAN 15 1948  
BUREAU



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## MARYLAND STATE DEPARTMENT OF HEALTH

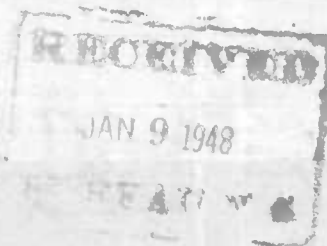
2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

00308

<b>1. PLACE OF DEATH:</b> County <u>Caroline</u> City or town <u>Hillbros</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>2 1/2 months</u> Hospital, institution, or street address where death occurred: How long in hospital or institution?				<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Queen Anne's</u> City or town <u>near Centerville</u> (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war			
<b>3. (a) FULL NAME</b> <u>Cecelia Louise Greaves</u>				<b>3. (b) Social Security Number</b> <u>None</u>			
<b>4. Sex</b> <u>Female</u>		<b>5. Color or race</b> <u>White</u>		<b>6. (a) Single, married, widowed, or divorced</b> <u>Married</u>			
<b>6. (b) Name of husband or wife</b> <u>William Howard Greaves</u>				<b>6. (c) If alive, give age</b> <u>72</u> years			
<b>7. Birth date of deceased (mo., day, yr.)</b> <u>Oct. 6 - ? 1880</u>				<b>8. AGE:</b> Years <u>about 67</u> Months Days If less than one day			
<b>9. Birthplace</b> <u>Baltimore Maryland</u> (Town, county, and state)				<b>10. Usual occupation</b> <u>Housewife</u>			
<b>11. Industry or business</b>				<b>12. Name</b> <u>Anthony Creamer</u>			
<b>13. Birthplace</b> <u>Don't know</u>				<b>14. Maiden name</b> <u>Don't know</u>			
<b>15. Birthplace</b> <u>Don't know</u>				<b>16. Informant</b> <u>William Howard Greaves</u> Address <u>Hillbros Maryland</u>			
<b>17. Burial</b> (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>Jan. 8 - 48</u> (month) (day) (year) Cemetery or crematory <u>Western Cemetery</u> Location <u>Baltimore Maryland</u>				<b>18. Funeral director</b> <u>Barton Bros</u> Address <u>Centerville Maryland</u>			
<b>19.</b> <u>1/6</u> <u>48</u> <u>Ms George</u> (Date rec'd by registrar) Registrar				<b>MEDICAL CERTIFICATION</b> <b>20. DATE OF DEATH</b> <u>Jan 5</u> <u>48</u> at <u>11:30</u> P. M. <b>21. I CERTIFY</b> that death occurred on the date above stated; that I attended deceased from <u>Dec 23</u> <u>47</u> to <u>Jan 5</u> <u>48</u> and that I last saw h. <u>or</u> alive on <u>Jan 5</u> <u>48</u> <b>Immediate cause of death</b> <u>Acute Peritonitis</u> <b>Other conditions</b> <u>Complicating from Robert's Tremor</u> (Include pregnancy within 3 months of death) <b>Major findings of operations</b> Date of op. <b>Autopsy results</b> <b>PHYSICIAN:</b> Please underline the cause to which death should be charged statistically. <b>22. VIOLENCE:</b> If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? <b>23. SIGNATURE</b> <u>W. Henry Fisher</u> <u>Centerville Md</u> M. D. or other Address Date signed <u>1/6 48</u>			



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 00309

### 1. PLACE OF DEATH:

County Caroline  
City or town Preston  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 8 yrs  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Caroline Co  
City or town Preston  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

James Green Jr.

### 3. (b) Social Security Number

232-30-2152

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Sylvester Green  
6.(c) If alive, give age 39 years  
7. Birth date of deceased (mo., day, yr.) August 26 - 1900  
8. AGE: Years 47 Months 4 Days 24 If less than one day  
hrs. min.

9. Birthplace Brunswick, Ga.  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Canning House

12. Name James Green

13. Birthplace Brunswick, Ga.

14. Maiden name Do not know

15. Birthplace

16. Informant Sylvester Green

Address Preston, Md.

17. Burial, cremation, or removal, Which? Burial Date thereof Jan 21-48  
(month) (day) (year)

Cemetery or crematory St. Ann's Church cemetery

Location Preston Rural Md

18. Funeral director John D. Williams

Address Easton, Md.

19. 1/20 19 48 Cornelia Plummer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 19 48 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 13 19 42 to January 17 19 48

and that I last saw him alive on January 12 19 48

Immediate cause of death Pneumonia

Broncho Pneumonia DURATION 2 days

Due to

Due to

Other conditions Gravid Aorta ? 3 yrs

(Include pregnancy within 3 months of death 2/19/48 obs)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry B. Plummer M. D. or other

Address Preston, Maryland Date signed 1/20/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate age in especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 22 1948

503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

108

00310

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County Caroline  
 City or town Bells Chapel, Wash. Dist.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town \_\_\_\_\_  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

George Washington Hines

## 3.(b) Social Security Number

4. Sex

m

5. Color or race

col

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife \_\_\_\_\_

7. Birth date of

deceased (mo., day, yr.)

March 13<sup>th</sup> 1876

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

7110

hrs.

min.

9. Birthplace

Bells Chapel, Wash. Dist.  
(Town, county, and state)

10. Usual occupation

Farm hand

11. Industry or business \_\_\_\_\_

12. Name

Geo. W. Hines

13. Birthplace

Maryland

14. Maiden name

Annistia White

15. Birthplace

Maryland

16. Informant

Sarah Mason

Address

Wash. Dist.

17.

(Burial, cremation, or removal. Where?)

Date thereof

1-25-48  
(month) (day) (year)

Cemetery or crematory

Bells Chapel Cemetery

Location

Wash. Dist.

18. Funeral director

J. Virgil Moore & Son

Address

Wash. Dist.

19.

(Date rec'd by registrar)

1/24 1948Wm O O George

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 19 1948 at 1010 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 12 1948 to January 19 1948  
and that I last saw him alive on January 19 1948

Immediate cause of death

Pneumonia -

DURATION

3 days.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

Cerebral thrombosis  
Hypertension & arterio sclerosis  
(Include pregnancy within 3 months of death)19351935

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_

Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE

St Paul Thoms and

M. D. or other

Address

Denton Md

Date signed

Jan 24 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

94a

00311

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 38 years  
 Hospital, institution, or street address where death occurred:  
Liberty Road  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Liberty Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Anna A. Hubbert

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
 6.(b) Name of husband or wife F. Olin Hubbert  
 6.(c) If alive, give age 66 years  
 7. Birth date of deceased (mo., day, yr.) February 23, 1875  
 8. AGE: Years 72 Months 10 Days 11 If less than one day  
 hrs. min.

9. Birthplace  Sussex County, Delaware  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business Home  
 12. Name William Litchell  
 13. Birthplace Dorchester County, Maryland  
 14. Maiden name Martha Stevens  
 15. Birthplace Dorchester County, Maryland

16. Informant F. Olin Hubbert  
 Address Federalburg, Maryland  
 17. Burial Date thereof January 6, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Hill Crest Cemetery  
 Location Federalburg, Maryland  
 18. Funeral director J. J. Frampton & Son  
 Address Federalburg, Maryland  
 19. January 6, 1948 J. J. Frampton  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1948 at 2:15 P.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan 4, 1948 to Jan 4, 1948  
 and that I last saw h. & y. alive on Jan 4, 1948

Immediate cause of death Coronary Thrombosis DURATION 6 hrs.

Due to  
 Due to

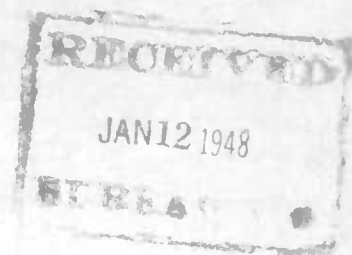
Other conditions Hypertension ?  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide  
 Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D.  
Federalburg, Md. M. D. or other  
 Address Date signed 1-6-48





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

153

00312

## CERTIFICATE OF DEATH

Reg. Diat. No. 64

### 1. PLACE OF DEATH:

County Caroline  
City or town Preston - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
Near Harmony  
How long in hospital or institution? -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
City or town Preston - Rural  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Near Harmony  
(If rural, give LOCATION)  
2. (a) I veteran, name war -

### 3. (a) FULL NAME

Mildred M. Jackson

### 3. (b) Social Security Number

219-14-3414

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Divorced  
6. (b) Name of husband or wife Lewis Brunace  
6. (c) If alive, give age 25 years  
7. Birth date of deceased (mo., day, yr.) August 3, 1925  
8. AGE: Years 22 Months 5 Days 19 If less than one day  
..... hrs. .... min.

9. Birthplace Caroline County, Maryland  
(Town, county, and state)  
10. Usual occupation Housework  
11. Industry or business Home

FATHER 12. Name Earl Jackson  
13. Birthplace Vienna, Maryland  
MOTHER 14. Maiden name Marjorie Blulah  
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Lillian M. Nichols  
Address Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof January 24, 1948  
(month) (day) (year)  
Cemetery or crematory St. Paul Cemetery  
Location Near Concord, Maryland

18. Funeral director J. J. Frampton and Son  
Address Federalsburg, Maryland

19. January 24, 48 J. J. Frampton  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 19 48 at 12:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 6, 1947 to January 22, 1948  
and that I last saw him alive on January 21, 1948

Immediate cause of death Purpura Prothrombotica Disseminata  
acute.

### DURATION

5 1/2 mo.

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Mans of injury Injured at work?

23. SIGNATURE J. J. Frampton and Son M. D. or other

Address Preston Md Date signed 1/23/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 28 1948

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

00313

64

### 1. PLACE OF DEATH:

County..... Caroline  
City or town..... Federalsburg  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?..... 11 yrs.  
Hospital, institution, or street address where death occurred:  
Maple Ave.  
How long in hospital or institution?..... none

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... N. Y. County.....  
City or town..... Astoria  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
no  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

Ella Kozich

### 3. (b) Social Security Number

213-03-9781

4. Sex..... Fem. 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... married  
6.(b) Name of husband or wife..... Charles Kozich  
6.(c) If alive, give age..... 56 years  
7. Birth date of deceased (mo., day, yr.)..... November 10, 1893  
8. AGE: Years..... 54 Months..... 2 Days..... 4 ..... hrs. .... min.

9. Birthplace..... N. Y.  
(Town, county, and state)  
10. Usual occupation..... housewife  
11. Industry or business..... button factory  
FATHER 12. Name..... Leopold Ruzicka  
13. Birthplace..... Czechoslovakia  
MOTHER 14. Maiden name..... Julia Warg  
15. Birthplace..... Czechoslovakia

16. Informant..... Charles Kozich Sr.  
Address..... Federalsburg, Md.  
17. burial Date thereof..... 1/15/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory..... Hillcrest Cem.  
Location..... Federalsburg, Md.  
18. Funeral director..... Adams & Williamson  
Address..... Federalsburg, Md.  
19. January 15 1948 Ernest Yuttie  
(Date rec'd by registrar) (Signature) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH..... 1/14 1948, at..... M  
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
6/1/47 1947 to 1/14 1948  
and that I last saw her alive on 1/14 1948  
Immediate cause of death.....  
DURATION  
Caesura of ligamentary  
2 generalized convulsions  
Due to.....  
Due to.....  
Other conditions..... Diabetes mellitus 1 yr.

(Include pregnancy within 8 months of death)  
Major findings of operations.....  
Date of op.....

Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of.....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE..... Frederick M. Anderson M.D.  
Address..... Federalsburg, Md. M. D. or other  
Date signed..... 1/15/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age in especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

00314

## 1. PLACE OF DEATH:

County Caroline  
 City or town New Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Caroline  
 City or town New Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Margaret Lovisette  
 4. Sex F 5. Color or race wh 6. (a) Single, married, widowed, or divorced widow

## 3. (b) Social Security Number

## 6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) Jan. 26<sup>th</sup> 1870

8. AGE: Years 77 Months 11 Days 9 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Balto. Maryland  
 (Town, county, and state)

10. Usual occupation at home

## 11. Industry or business

12. Name James Mac Donald  
 13. Birthplace Balto.

## MOTHER

14. Maiden name \_\_\_\_\_  
 15. Birthplace Balto

16. Informant Howard Lovisette  
 Address Rd. Greensboro, Md.

17. Burial (burial, cremation, or other) Date thereof 1-8-48  
 (month) (day) (year)

Cemetery or crematory St. John Cemetery

Location Middle Village, LaBelle, Md.

18. Funeral director J. Virgil Moore & Son

Address Denton, Md.

19. 1/6 19 48 Mr. D. O. George  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 19 48 at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Acute Cardiac Acalasia Sudden

Due to \_\_\_\_\_

Due to Arthur J. J. J. ?

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Lawson D. George M. D. or other

Dunkley Medical Center Date signed 1/6/48

Address \_\_\_\_\_

RECEIVED  
JAN 9 1948  
STREAN V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 60

## 1. PLACE OF DEATH:

County..... Caroline  
 City or town..... Marydel  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 40 Yrs.  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?..... X

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State..... Maryland County..... Caroline  
 City or town..... Marydel  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war..... X

## 3. (a) FULL NAME

## 3. (b) Social Security Number

George W. Moore  
 4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Male White Married  
 6.(b) Name of husband or wife..... Harriet

7. Birth date of deceased (mo., day, yr.)..... Sept. 4 1877  
 6.(c) If alive, give age..... 70 years

8. AGE: Years..... Months..... Days..... If less than one day.....  
70 4 18 ..... hrs. .... min.

9. Birthplace..... Templeville, Caroline, Maryland.  
 (Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business..... X

12. Name..... Isaac Moore

13. Birthplace..... Maryland

14. Maiden name..... No Record

15. Birthplace..... Maryland

16. Informant..... Mr. Floyd Moore

Address..... Dover, Delaware

17. Burial Date thereof..... 1/25/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Templeville

Location..... Templeville, Maryland.

18. Funeral director..... Raymond B. Rawlings

Address..... Greensboro, Maryland.

19. 1/25..... 18  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 22..... 1948..... at 2 P...... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Jan. 22..... 1948, to Jan. 22..... 1948  
 and that I last saw him..... alive on Jan. 22..... 1948.

Immediate cause of death..... Coronary Occlusion

Due to..... Arteriosclerosis

Due to..... Coronary Vascular Disease

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Charles H. Howard  
 M. D. or other

Address..... Greensboro Md. Date signed..... 1-24-48



RECEIVED  
FEB 3 1948  
ST. HELENA



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00316

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County Caroline  
 City or town Denton  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mo  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Denton  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

W.

## 6. (a) Single, married, widowed, or divorced

Widow

## 6. (b) Name of husband or wife

## 7. Birth date of

deceased (mo., day, yr.)

Nov. 14<sup>th</sup> 1874

## 6. (c) If alive, give age .....

## 8. AGE:

Years

Months

Days

If less than one day

73118

hrs.

min.

## 9. Birthplace

Hamburg, Germany

(Town, county, and state)

## 10. Usual occupation

at home

## 11. Industry or business

FATHER

## 12. Name

not known

## 13. Birthplace

Germany

MOTHER

## 14. Maiden name

not known

## 15. Birthplace

Germany

## 16. Informant

Mr. Paul Wright

## Address

Denton, Md.

## 17.

Burial, cremation, or removal. Which?

Date thereof

(month) (day) (year)

## Cemetery or crematory

Denton Cemetery

## Location

Denton, Md.

## 18. Funeral director

## Address

J. Elgie Moore & SonDenton, Md.

## 19.

1-5-48

19.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

January 2

19

48

at

5 A

M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 25

19

47

to

Jan 2

19

48

and that I last saw him alive on

Dec. 31

19

47

## Immediate cause of death

Coronary artery sclerosis

## DURATION

7 years

## Due to

## Due to

## Other conditions

General arterial sclerosis

(Include pregnancy within 3 months of death)

2 yr

## Major findings of operations

Date of op. ....

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Paul Wright MD

M. D. or other

Address

Denton, Md

Date signed

1/4/48

RECORDED  
JAN 7 1948  
FEB 4 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00317

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County Caroline  
 City or town Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Now long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Ann Post  
 4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Widow

## 6.(b) Name of husband or wife

Widow  
 7. Birth date of deceased (mo., day, yr.) Dec. 28<sup>th</sup> 1864 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 83 Months \_\_\_\_\_ Days 10 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## 9. Birthplace

Bavaria  
 (Town, county, and state)

## 10. Usual occupation

at home

## 11. Industry or business

John Brischopp

12. Name Bavaria

13. Birthplace not known

14. Maiden name Bavaria

15. Birthplace Miss Mary Post

16. Informant Denton, Md.

Address Barred

17. Barred Date thereof 1-12-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's Cross Cemetery

Location Denton, Md.

18. Funeral director J. Philip Morris & Son

Address Denton, Md.

19. 1/12/48 Miss Gump  
 (Date rec'd by registrar) (Signature)

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 9<sup>th</sup> 1948 at 11 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 8<sup>th</sup> 1948 to January 9<sup>th</sup> 1948  
 and that I last saw him alive on January 9<sup>th</sup> 1948

Immediate cause of death Secondary  
Cerebral hemorrhage of the brain DURATION several  
months

Due to Cerebral hemorrhage of the brain same

Due to \_\_\_\_\_

Other conditions chronic myocarditis  
and generalized arterio-  
sclerosis (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Kurt Ederon M.D.

Address Chesapeake Date signed Jan. 11

RECEIVED

JAN 19 1948

ST. LOUIS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00318

Reg. Dist. No. 63

## 1. PLACE OF DEATH:

County Caroline  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Near Harmony  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State Maryland County Caroline  
 City or town Preston - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Near Harmony  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Elsie A. Saulsbury

## 3. (b) Social Security Number

220-01-5070

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married  
 6. (b) Name of husband or wife Alexander Saulsbury  
 6. (c) If alive, give age 40 years  
 7. Birth date of deceased (mo., day, yr.) September 8, 1904  
 8. AGE: Years 43 Months 4 Days 4 If less than one day  
 hrs. min.

9. Birthplace Caroline County, Maryland  
 (Town, county, and state)  
 10. Usual occupation Housework  
 11. Industry or business Home

MOTHER FATHER  
 12. Name Albert Cook  
 13. Birthplace Caroline County, Maryland  
 14. Maiden name Rosie Foster  
 15. Birthplace Talbot County, Maryland

16. Informant Alexander Saulsbury  
 Address Preston, Maryland, R.F.D.

17. Burial Date thereof January 15, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Rose Chapel Cemetery  
 Location Near Preston, Maryland

18. Funeral director J. J. Trupton and Son  
 Address Federalburg, Maryland

19. 1/15 48 C. D. Plummer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1948 at 4:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16, 1947 to Jan 12, 1948  
 and that I last saw him alive on January 12, 1948

Immediate cause of death Cerebral Hemorrhage  
 DURATION 2 days

Due to Hypertension  
 DURATION 2 yr

Due to  
 DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

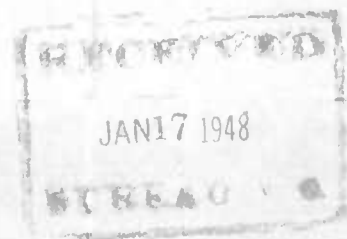
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr Paul Thwirth MD M. D. or other

Address Preston Md Date signed 1/14/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

00319

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 years  
 Hospital, institution, or street address where death occurred:  
North Main Street  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Federalburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. North Main Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

William J. Willis

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Oliver A. Willis  
 6.(c) If alive, give age — years  
 7. Birth date of deceased (mo., day, yr.) September 29, 1849  
 8. AGE: Years 98 Months 3 Days 10 If less than one day — hrs. — min.  
 9. Birthplace Dorchester County, Maryland  
 (Town, county, and State)  
 10. Usual occupation Retired Farmer  
 11. Industry or business Farm

**FATHER**  
 12. Name James Willis  
 13. Birthplace Caroline County, Maryland  
**MOTHER**  
 14. Maiden name Wright  
 15. Birthplace Caroline County, Maryland  
 16. Informant Ralph E. Willis  
 Address Federalburg, Maryland  
 17. Burial Date thereof January 11, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Bethel Cemetery  
 Location Near Federalburg, Maryland  
 18. Funeral director J. J. Frampton & Son  
 Address Federalburg, Maryland  
 19. January 10, 1948 J. J. Frampton  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1948 at 2:45 A.M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1, 1947 to Jan 9, 1948  
 and that I last saw him alive on Jan 9, 1948

Immediate cause of death Chronic myocarditis  
Chronic hepatitis  
 DURATION ?

Due to —  
 Due to —  
 Other conditions —  
 (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide — Date of —  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) —  
 Means of injury — Injured at work? —

23. SIGNATURE Frank M. Anderson M.D.  
Federalburg, Md. M. D. or other —  
 Address — Date signed 1/9/48

